



REGISTRATION INFORMATION

DATE: _____ PATIENT ACCOUNT#: _____

PATIENT: _____
LAST NAME FIRST NAME MIDDLE INITIAL

RESPONSIBLE PARTY (IF MINOR): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

SINGLE MARRIED WIDOWED SEPARATED DIVORCED

AGE: _____ BIRTH DATE: ____ / ____ / ____ SOCIAL SECURITY NUMBER: ____ - ____ - ____

OCCUPATION: _____

SPOUSE'S NAME: _____ MEDICAL DOCTORS NAME: _____

EMPLOYER: _____ BUSINESS ADDRESS: _____

OCCUPATION: _____

IN CASE OF EMERGENCY, WHO SHOULD BE NOTIFIED?

NAME RELATION TO YOU PHONE NUMBER

WHO REFERRED YOU? _____

I AUTHORIZE THE RELEASE NECESSARY TO DETERMINE LIABILITY FOR PAYMENT AND TO OBTAIN REIMBURSEMENT ON ANY CLAIM. THIS AGREEMENT WILL REMAIN IN EFFECT UNTIL REVOKED BY ME IN WRITING. A PHOTOCOPY OR FACSIMILE CAN BE CONSIDERED AS VALID AS THE ORIGINAL. I UNDERSTAND I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES WHETHER OR NOT PAID BY MY INSURANCE OR OTHER OUTSIDE SOURCE. I HEREBY AUTHORIZE DR. CHAMBERS TO RELEASE ALL INFORMATION NECESSARY TO SECURE THE PAYMENT.

SIGNATURE OF PATIENT (OR RESPONSIBLE PARTY) _____ DATE _____



OCCASIONAL
FREQUENT

GENERAL

- ALLERGY (LIST BELOW)*
- CONVULSIONS
- DIZZINESS OR FAINTING
- HEADACHE
- NEURALGIA
- NUMBNESS

MUSCLE

- ARTHRITIS
- BURSITIS
- FOOT TROUBLE
- LOW BACK PAIN OR STIFFNESS
- PAIN BETWEEN SHOULDERS
- SCIATICA
- SWOLLEN JOINTS

PAIN, NUMBNESS OR CRAMPS

- SHOULDERS
- ARMS
- ELBOWS
- HANDS/WRISTS
- HIPS
- KNEES
- FEET/ANKLES

GASTRO-INTESTINAL

- COLON TROUBLE
- CONSTIPATION
- DIARRHEA
- DIFFICULTY DIGESTING
- GALL BLADDER TROUBLE
- HEMORRHOIDS
- LIVER TROUBLE
- PAIN OVER STOMACH

EYES, EARS, NOSE & THROAT

- ASTHMA
- COLDS
- DEAFNESS
- EARACHE
- EAR DISCHARGE
- EAR NOISE
- EYE PAIN
- NASAL OBSTRUCTION
- SINUS INFECTION

CARDIO-VASCULAR

- HARDENING OF THE ARTERIES
- HIGH BLOOD PRESSURE
- LOW BLOOD PRESSURE
- PAIN OVER HEART
- POOR CIRCULATION
- RAPID HEART BEAT
- SWELLING OF ANKLES

RESPIRATORY

- CHEST PAIN
- CHRONIC COUGH
- DIFFICULT BREATHING
- SPITTING UP BLOOD
- SPITTING UP PHLEGM
- WHEEZING

SKIN

- BRUISE EASILY
- DRYNESS
- SKIN ERUPTIONS (RASH)
- VARICOSE VEINS

GENITO-URINARY

- BED-WETTING
- BLOOD IN URINE
- FREQUENT URINATION
- KIDNEY INFECTION OR STONES
- PAINFUL URINATION
- PROSTATE TROUBLE
- PUS IN URINE

FOR WOMEN ONLY

- CRAMPS OR BACKACHE
- EXCESSIVE MENSTRUAL FLOW
- HOT FLASHES
- IRREGULAR CYCLE
- LUMPS IN BREAST
- MENOPAUSAL SYMPTOMS
- PAINFUL MENSTRUATION
- VAGINAL DISCHARGE

- We invite you to discuss with us any questions regarding our services. The best services are based on a friendly, mutual understanding between provider and patient.
- Our policy requires payment in full for all services rendered at the time of visit, unless other arrangements have been made with the business manager. If account is not paid within 90 days of the date of service and no financial arrangements have been made, you will be responsible for legal fees, collection agency fees, interest charges and any other expenses incurred in collecting your account.
- I authorize the staff to perform any necessary services needed during diagnosis and treatment. I also authorize the provider to release any information required to process insurance claims.
- I understand the above information and guarantee this form was completed correctly to the best of my knowledge and understand it is my responsibility to inform this office of any changes to the information I have provided.

SIGNATURE: _____ DATE: _____

ADULT PATIENT PARENT OR GUARDIAN SPOUSE

SYSTEMS SURVEY FORM
(Restricted to Professional Use)

PATIENT _____ AGE _____ DOCTOR _____ DATE _____

INSTRUCTIONS: Circle the number that applies to you. **If a symptom does not apply, leave it blank.**
Circle either: (1) for **MILD** symptoms (occurs rarely), (2) for **MODERATE** symptoms (occurs several times a month),
or (3) for **SEVERE** symptoms (occurs almost constantly).

GROUP ONE

- | | | |
|--|---|--|
| 1 – 1 2 3 Acid foods upset | 8 – 1 2 3 Gag Easily | 15 – 1 2 3 Appetite reduced |
| 2 – 1 2 3 Get chilled, often | 9 – 1 2 3 Unable to relax, startles easily | 16 – 1 2 3 Cold sweats often |
| 3 – 1 2 3 “Lump” in throat | 10 – 1 2 3 Extremities cold, clammy | 17 – 1 2 3 Fever easily raised |
| 4 – 1 2 3 Dry mouth-eyes-nose | 11 – 1 2 3 Strong light irritates | 18 – 1 2 3 Neuralgia-like pains |
| 5 – 1 2 3 Pulse speeds after meal | 12 – 1 2 3 Urine amount reduced | 19 – 1 2 3 Staring, blinks little |
| 6 – 1 2 3 Keyed up - fail to calm | 13 – 1 2 3 Heart pounds after retiring | 20 – 1 2 3 Sour stomach frequent |
| 7 – 1 2 3 Cuts heal slowly | 14 – 1 2 3 “Nervous” stomach | |

GROUP TWO

- | | | |
|--|---|---|
| 21 – 1 2 3 Joint stiffness after arising | 29 – 1 2 3 Digestion rapid | 37 – 1 2 3 “Slow starter” |
| 22 – 1 2 3 Muscle-leg-toe cramps at night | 30 – 1 2 3 Vomiting frequent | 38 – 1 2 3 Get “chilled” infrequently |
| 23 – 1 2 3 “Butterfly” stomach, cramps | 31 – 1 2 3 Hoarseness frequent | 39 – 1 2 3 Perspire easily |
| 24 – 1 2 3 Eyes or nose watery | 32 – 1 2 3 Breathing irregular | 40 – 1 2 3 Circulation poor,
sensitive to cold |
| 25 – 1 2 3 Eyes blink often | 33 – 1 2 3 Pulse slow; feels “irregular” | 41 – 1 2 3 Subject to colds,
asthma, bronchitis |
| 26 – 1 2 3 Eyelids swollen, puffy | 34 – 1 2 3 Gagging reflex slow | |
| 27 – 1 2 3 Indigestion soon after meals | 35 – 1 2 3 Difficulty swallowing | |
| 28 – 1 2 3 Always seem hungry;
feels “lightheaded” often | 36 – 1 2 3 Constipation,
diarrhea alternating | |

GROUP THREE

- | | | |
|--|---|--|
| 42 – 1 2 3 Eat when nervous | 49 – 1 2 3 Heart palpitates if meals
missed or delayed | 53 – 1 2 3 Crave candy or coffee
in afternoons |
| 43 – 1 2 3 Excessive appetite | 50 – 1 2 3 Afternoon headaches | 54 – 1 2 3 Moods of depression -
“blues” or melancholy |
| 44 – 1 2 3 Hungry between meals | 51 – 1 2 3 Overeating sweets upsets | 55 – 1 2 3 Abnormal craving for
sweets or snacks |
| 45 – 1 2 3 Irritable before meals | 52 – 1 2 3 Awaken after few hours sleep
- hard to get back to sleep | |
| 46 – 1 2 3 Get “shaky” if hungry | | |
| 47 – 1 2 3 Fatigue, eating relieves | | |
| 48 – 1 2 3 “Lightheaded” if meals delayed | | |

GROUP FOUR

- | | | |
|--|--|---|
| 56 – 1 2 3 Hands and feet go to sleep
easily, numbness | 63 – 1 2 3 Get “drowsy” often | 68 – 1 2 3 Bruise easily, “black
and blue” spots |
| 57 – 1 2 3 Sigh frequently, “air
hunger” | 64 – 1 2 3 Swollen ankles
worse at night | 69 – 1 2 3 Tendency to anemia |
| 58 – 1 2 3 Aware of “breathing
heavily” | 65 – 1 2 3 Muscle cramps, worse
during exercise; get
“charley horses” | 70 – 1 2 3 “Nose bleeds” frequent |
| 59 – 1 2 3 High altitude discomfort | 66 – 1 2 3 Shortness of breath
on exertion | 71 – 1 2 3 Noises in head, or
“ringing in ears” |
| 60 – 1 2 3 Opens windows in
closed room | 67 – 1 2 3 Dull pain in chest or
radiating into left arm,
worse on exertion | 72 – 1 2 3 Tension under the
breastbone, or feeling
of “tightness”,
worse on exertion |
| 61 – 1 2 3 Susceptible to colds
and fevers | | |
| 62 – 1 2 3 Afternoon “yawner” | | |

GROUP FIVE

- | | | |
|---|--|---|
| 73 - 1 2 3 Dizziness | 83 - 1 2 3 Feeling queasy; headache over eyes | 91 - 1 2 3 Sneezing attacks |
| 74 - 1 2 3 Dry skin | 84 - 1 2 3 Greasy foods upset | 92 - 1 2 3 Dreaming, nightmare type bad dreams |
| 75 - 1 2 3 Burning feet | 85 - 1 2 3 Stools light-colored | 93 - 1 2 3 Bad breath (halitosis) |
| 76 - 1 2 3 Blurred vision | 86 - 1 2 3 Skin peels on foot soles | 94 - 1 2 3 Milk products cause distress |
| 77 - 1 2 3 Itching skin and feet | 87 - 1 2 3 Pain between shoulder blades | 95 - 1 2 3 Sensitive to hot weather |
| 78 - 1 2 3 Excessive falling hair | 88 - 1 2 3 Use laxatives | 96 - 1 2 3 Burning or itching anus |
| 79 - 1 2 3 Frequent skin rashes | 89 - 1 2 3 Stools alternate from soft to watery | 97 - 1 2 3 Crave sweets |
| 80 - 1 2 3 Bitter, metallic taste in mouth in mornings | 90 - 1 2 3 History of gallbladder attacks or gallstones | |
| 81 - 1 2 3 Bowel movements painful or difficult | | |
| 82 - 1 2 3 Worrier, feels insecure | | |

GROUP SIX

- | | | |
|--|--|--|
| 98 - 1 2 3 Loss of taste for meat | 101 - 1 2 3 Coated tongue | 104 - 1 2 3 Mucous colitis or "irritable bowel" |
| 99 - 1 2 3 Lower bowel gas several hours after eating | 102 - 1 2 3 Pass large amounts of foul-smelling gas | 105 - 1 2 3 Gas shortly after eating |
| 100 - 1 2 3 Burning stomach sensations, eating relieves | 103 - 1 2 3 Indigestion 1/2 - 1 hour after | 106 - 1 2 3 Stomach "bloating" eating; may be up to 3-4 hours after |

GROUP SEVEN

- | | | | |
|---|---|---|--|
| (A) | | (E) | |
| 107 - 1 2 3 Insomnia | | 150 - 1 2 3 Dizziness | |
| 108 - 1 2 3 Nervousness | | 151 - 1 2 3 Headaches | |
| 109 - 1 2 3 Can't gain weight | | 152 - 1 2 3 Hot flashes | |
| 110 - 1 2 3 Intolerance to heat | (C) | 153 - 1 2 3 Increased blood pressure | |
| 111 - 1 2 3 Highly emotional | 137 - 1 2 3 Failing memory | 154 - 1 2 3 Hair growth on face or body (female) | |
| 112 - 1 2 3 Flush easily | 138 - 1 2 3 Low blood pressure | 155 - 1 2 3 Sugar in urine (not diabetes) | |
| 113 - 1 2 3 Night sweats | 139 - 1 2 3 Increased sex drive | 156 - 1 2 3 Masculine tendencies (female) | |
| 114 - 1 2 3 Thin, moist skin | 140 - 1 2 3 Headaches, "splitting or rendering" type | | |
| 115 - 1 2 3 Inward trembling | 141 - 1 2 3 Decreased sugar tolerance | (F) | |
| 116 - 1 2 3 Heart palpitates | | 157 - 1 2 3 Weakness, dizziness | |
| 117 - 1 2 3 Increased appetite without weight gain | (D) | 158 - 1 2 3 Chronic fatigue | |
| 118 - 1 2 3 Pulse fast at rest | 142 - 1 2 3 Abnormal thirst | 159 - 1 2 3 Low blood pressure | |
| 119 - 1 2 3 Eyelids and face twitch | 143 - 1 2 3 Bloating of abdomen | 160 - 1 2 3 Nails, weak, ridged | |
| 120 - 1 2 3 Irritable and restless | 144 - 1 2 3 Weight gain around hips or waist | 161 - 1 2 3 Tendency to hives | |
| 121 - 1 2 3 Can't work under pressure | 145 - 1 2 3 Sex drive reduced or lacking | 162 - 1 2 3 Arthritic tendencies | |
| | 146 - 1 2 3 Tendency to ulcers, colitis | 163 - 1 2 3 Perspiration increase | |
| (B) | 147 - 1 2 3 Increased sugar tolerance | 164 - 1 2 3 Bowel disorders | |
| 122 - 1 2 3 Increase in weight | 148 - 1 2 3 Women: menstrual disorders | 165 - 1 2 3 Poor circulation | |
| 123 - 1 2 3 Decrease in appetite | 149 - 1 2 3 Young girls: lack of menstrual function | 166 - 1 2 3 Swollen ankles | |
| 124 - 1 2 3 Fatigue easily | | 167 - 1 2 3 Crave salt | |
| 125 - 1 2 3 Ringing in ears | | 168 - 1 2 3 Brown spots or bronzing of skin | |
| 126 - 1 2 3 Sleepy during day | | 169 - 1 2 3 Allergies - tendency to asthma | |
| 127 - 1 2 3 Sensitive to cold | | 170 - 1 2 3 Weakness after colds, influenza | |
| 128 - 1 2 3 Dry or scaly skin | | 171 - 1 2 3 Exhaustion - muscular and nervous | |
| 129 - 1 2 3 Constipation | | 172 - 1 2 3 Respiratory disorders | |
| 130 - 1 2 3 Mental sluggishness | | | |
| 131 - 1 2 3 Hair coarse, falls out | | | |
| 132 - 1 2 3 Headaches upon arising wear off during day | | | |
| 133 - 1 2 3 Slow pulse, below 65 | | | |
| 134 - 1 2 3 Frequency of urination | | | |
| 135 - 1 2 3 Impaired hearing | | | |
| 136 - 1 2 3 Reduced initiative | | | |

GROUP EIGHT	FEMALE ONLY	MALE ONLY
173 - 1 2 3 Apprehension	200 - 1 2 3 Very easily fatigued	213 - 1 2 3 Prostate trouble
174 - 1 2 3 Irritability	201 - 1 2 3 Premenstrual tension	214 - 1 2 3 Urination difficult or dribbling
175 - 1 2 3 Morbid fears	202 - 1 2 3 Painful menses	215 - 1 2 3 Night urination frequent
176 - 1 2 3 Never seems to get well	203 - 1 2 3 Depressed feelings before menstruation	216 - 1 2 3 Depression
177 - 1 2 3 Forgetfulness	204 - 1 2 3 Menstruation excessive and prolonged	217 - 1 2 3 Pain on inside of legs or heels
178 - 1 2 3 Indigestion	205 - 1 2 3 Painful breasts	218 - 1 2 3 Feeling of incomplete bowel evacuation
179 - 1 2 3 Poor appetite	206 - 1 2 3 Menstruate too frequently	219 - 1 2 3 Lack of energy
180 - 1 2 3 Craving for sweets	207 - 1 2 3 Vaginal discharge	220 - 1 2 3 Migrating aches and pains
181 - 1 2 3 Muscular soreness	208 - 1 2 3 Hysterectomy/ovaries removed	221 - 1 2 3 Tire too easily
182 - 1 2 3 Depression; feelings of dread	209 - 1 2 3 Menopausal hot flashes	222 - 1 2 3 Avoids activity
183 - 1 2 3 Noise sensitivity	210 - 1 2 3 Menses scanty or missed	223 - 1 2 3 Leg nervousness at night
184 - 1 2 3 Acoustic hallucinations	211 - 1 2 3 Acne, worse at menses	224 - 1 2 3 Diminished sex drive
185 - 1 2 3 Tendency to cry without reason	212 - 1 2 3 Depression of long standing	
186 - 1 2 3 Hair is coarse and/or thinning		
187 - 1 2 3 Weakness		
188 - 1 2 3 Fatigue		
189 - 1 2 3 Skin sensitive to touch		
190 - 1 2 3 Tendency toward hives		
191 - 1 2 3 Nervousness		
192 - 1 2 3 Headache		
193 - 1 2 3 Insomnia		
194 - 1 2 3 Anxiety		
195 - 1 2 3 Anorexia		
196 - 1 2 3 Inability to concentrate; confusion		
197 - 1 2 3 Frequent stuffy nose; sinus infections		
198 - 1 2 3 Allergy to some foods		
199 - 1 2 3 Loose joints		

IMPORTANT

TO THE PATIENT: Please list below the five main physical complaints you have in order of their importance.

1. _____

2. _____

3. _____

4. _____

5. _____

(TO BE COMPLETED BY DOCTOR)

Postural Blood Pressure: Recumbent _____ Standing _____ Pulse _____

Hema-Combistix Urine readings: pH _____ Albumin per cent _____ Glucose per cent _____

Occult Blood _____ pH of Saliva _____ pH of Stool specimen _____ Weight _____

Hemoglobin _____ Blood Clotting Time _____

BARNES THYROID TEST

This test was developed by Dr. Broda Barnes, M.D. and is a measurement of the underarm temperature to determine hypo and hyperthyroid states. The test is conducted by the patient in the a.m. before leaving bed - with the temperature being taken for 10 minutes. The test is invalidated if the patient expends any energy prior to taking the test - getting up for any reason, shaking down the thermometer, etc. It is important that the test be conducted for exactly 10 minutes, making the prior positioning of both the thermometer and a clock important.

PRE-MENSES FEMALES AND MENOPAUSAL FEMALES

Any two days during the month

FEMALES HAVING MENSTRUAL CYCLES

The 2nd and 3rd day of flow OR any 5 days in a row.

MALES

Any 2 days during the month.

You can do the following test at home to see if you may have a functional low thyroid. Use an oral thermometer or a digital one. When you use a digital one, place the probe under your arm for 5 minutes then turn your machine on; continue on for an additional 5 minutes. When using a regular one, shake down the night before.

Date: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

Date: _____ Temperature: _____

BP SIT _____ BP STAND _____

PULSE SIT _____ PULSE STAND _____

SALIVA PH _____ BLOOD TYPE _____